

# EXHIBIT P

June 6, 2019

INCIDENT	DISCUSSION	OPEN/CLOSED
<p>King, Joseph C# 243229 Age: 50 Suicide Mid-State C.F. Incident Date: 11/16/18 2<sup>nd</sup> Review Investigator: Jennette Brady</p>	<p><b>Diagnosis:</b> Adjustment Disorder with Mixed Anxiety and Depressed Mood (P), Alcohol Use Disorder-Mild, Cannabis Use Disorder-Mild</p> <p><b>Mental Health Level:</b> 1S (as of 8/4/2016)</p> <p><b>Medication:</b> None</p> <p><b>DOB:</b> 6/3/1968   <b>Age:</b> 50</p> <p><b>Incident Type:</b> Active Patient Suicide</p> <p><b>Location of Incident:</b> Mid-State Correctional Facility</p> <p><b>Date and Time of Incident:</b> Friday, November 16, 2018 at approximately 2:50 am</p> <p><b>Incident Description:</b> <b>Per NYS DOCCS Unusual Incident Report:</b> <b>Description:</b> "On 11/16/18 at approximately 2:50 AM 4B housing unit officer heard a loud bang coming from the bathroom area. CO walked into the bathroom to find a towel over the stall and sneakers on the floor and he asked who was in the stall but got no response. CO opened the stall to find the stall empty. He then noticed legs in the adjacent stall CO opened the stall door to find inmate King 13A3662 4B-9B sitting on the floor with a shoestring around his neck and tied to the electrical conduit on the ceiling. CO broke the shoestring and laid inmate King on the bathroom floor, he then removed the remaining garrote from inmate King's neck. CO called a medical response via PAS radio at approximately 2:51 AM. Sgt was notified to respond to the area."</p> <p><b>Action Taken:</b> "CO immediately started CPR and 4 BLDG rover CO arrived with the AED 480-02 and first aid kit. The AED was applied by CO at approximately 2:52 AM and no shock advised. CO's continued CPR while waiting for medical to respond. CO arrived at approximately 2:53 AM. RN arrived at approximately 2:55 AM and assessed the inmate as appearing cyanotic. Red mark around neck with no bleeding, no pulse detected, no respirations, no chest movement, no reflexes, pupils non-reactive, did not respond to noxious stimuli or verbal commands. Inmate was given oxygen, Narcan twice with no response. The ambulance arrived at approximately 3:25 AM. The Ambulance left the facility at approximately 3:40 AM. Inmate King was transported to St. Elizabeth's Hospital by AMCARE ambulance paramedics where he was pronounced dead by</p>	<p>Closed</p>

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Dr. Vanessa Brown at 4:20 AM. The body was taken by Scott Beach Oneida County medical examiner....Suicide Note: 'Amy, I Love you! I guess I just have to let you do what you want. I just hope I can talk to you every day and you still come to visit me until I come home. I pray there is still hope for our relationship when I return. This is really going to be very, very hard for me to accept, because I need your help to get through this. I need you in my life and always will. I will never forgive myself for this. I am such a fool. I just pray to God there is still hope for us. I've been listening to the radio and so many songs make me think of you like I wish I had Jessies [sic] girl by Rick Springfield [sic] and it just kills me that [sic] why I don't like to listen to the radio. You're always on my mind by Willie Nelson. Just keeps going through my mind everyday. I just can't [sic] handle this. I just got off the phone with you. And you got so aggravated with me. I really think you want to end our relationship. I don't want to hurt you or the kids but I don't really think I'll make it through the night. I feel its time [sic] so say goodbye. I hope your happy to do what you want now that I'm out of your life. Because I know you really don't want me anymore. And I can't live with myself. I'm sorry I don't want to hurt you or the kids but I can't live without you. I am so sad, unhappy, and you are breaking my heart. I just can't do this anymore. I'm sorry. I love you! Love your Husband Joe  
Good-bye my beautiful. I love you! And I [sic] sorry. Tell Meghan and Joseph I love them and I'm sorry. Please Forgive me! You have broken my heart and I need to kill this pain.'"

**Were the treatment providers familiar with the patient's history?**

Treatment providers were familiar with Mr. King's history as evidenced by their progress notes and the information provided in the Risk Management interviews.

**Is there documentation of a recent psychiatric assessment of the patient's suicidal risk?**

The most recent documented psychiatric assessment was on 10/16/2018. The treating prescriber reported "No acute risk of suicide".

**How often was suicide risk assessed?**

Mr. King was assessed on a regular basis during the six months preceding his death.

**What recent changes had occurred in the patient's life?**

Over the last six months, Mr. King consistently reported that he was depressed and anxious. However, there were not any overt symptoms of depression or anxiety observed during the sessions. His mother passed away in May of 2018; per the clinical documentation, it was reported that Mr. King was managing his grief

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	<p>appropriately as he had a very good support system (wife, children, sisters). However, according to patient interviews conducted with his peers post-mortem, it was noted that Mr. King had a telephone conversation with his wife around the time of his suicide and it was noted that Mr. King feared his wife was going to leave him. This information was not reported to mental health prior to the patient's death.</p> <p><b>What changes were noted in the patient's behaviors or attitudes?</b> The clinical record indicated that Mr. King was using substances (Suboxone) periodically from May 2018 until September 2018. During that time, Mr. King was prescribed psychotropic medications to help manage the depression and anxiety symptoms he reported. The psychiatric and clinical team continued to provide medication education and voiced their concerns about how it was difficult to treat Mr. King's reported symptomatic complaints with psychotropic medications if he continued his substance use. Mr. King consistently wanted medication changes as he felt the psychotropic medications he was prescribed were ineffective</p> <p><b>Are there any systems issues that may have contributed to this incident?</b> No systems issues noted.</p> <p><b>Issue:</b> The Chronological Record was not properly filled out when Mr. King was discharged from CNYPC. The Chronological Record discharge date from CNYPC was omitted from record. The last entry was "8/4/16, PRG from RCTP dorm to MSCF GP-1S".</p> <p><b>Recommendation:</b> Mid-State CF Unit Chief to review Policy #9.7 Chronological Record with all staff involved.</p> <p><b>Follow-up:</b> Per Mid-State C.F.'s Unit Chief, Policy # 9.7, Chronological Record, was reviewed with all staff involved in the incident on 04/25/19.</p> <p><b>Issue:</b> The Primary Therapist Progress Note, dated 7/23/2018, Medication Compliance section was marked "Yes" indicating that Mr. King was compliant with medications. Mr. King was not prescribed with psychotropic medications at that time. His medications were discontinued by his treating psychiatrist on 6/25/2018.</p> <p><b>Recommendation:</b> Mid-State CF Unit Chief will review Policy # 9.30 Progress Notes with staff involved and review the importance of ensuring that all documentation is accurate.</p>	
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	<p><b>Follow-up:</b> Per Mid-state C.F.'s Unit Chief, Policy # 9.30, Progress Notes, was reviewed with staff involved in the incident, on 04/25/19.</p> <p><b>Issue:</b> The Primary Therapist Progress Notes suicide risk assessment sections dated 6/25/2018, 7/23/2018, 9/27/2018, and 11/2/2018 read "No warning signs present" when the focus of the sessions notes Mr. King reported symptoms of depression, anxiety, sleep difficulties, recent hospital visit (June- medically related), and substance use. The section "Are there any changes in acute or chronic risk factors noted on the CSRA" should have checked "Yes" and noted the changes in the risk and protective factors. Additionally, section B should have listed the warning signs/triggers that were present and noted in the "Focus of Session" section of the document. The recent loss of his mother and his Suboxone use should have been listed in section B in every progress note completed from May through last contact.</p> <p>In addition, the Psychiatric Progress Notes assessment of suicide risk section dated 6/25/2018, 7/23/2018, 8/27/18 read "No warning signs present". The documentation notes warning signs/risk factors of increased substance use, continued/increased depression/anxiety, loss of his mother in May 2018, and sleep disturbance.</p> <p><b>Recommendation:</b> Mid-State CF Unit Chief will review Policy # 1.0 Comprehensive Suicide Risk Assessment Process, specifically (but not limited to) part D Progress Notes with staff involved.</p> <p><b>Follow-up:</b> Per Mid-State C.F.'s Unit Chief, Policy #1.0, Comprehensive Suicide Risk Assessment Process, was reviewed with staff involved in the incident on 04/25/19.</p> <p><b>Issue:</b> Mr. King's assigned clinician at Mid-State CF indicated she met with Mr. King on 11/2/2018 for a scheduled session; however, there was no corresponding progress note for this contact in the chart at the time of death. The progress note was reportedly completed, but had not been filed in the clinical record prior to the patient's death and was later provided to Risk Management, and mailed to the inpatient HIM department, on 1/15/2019.</p> <p><b>Recommendation:</b> Mid-State Unit Chief to review with staff involved the importance of ensuring all progress notes are submitted for timely entry in the case record.</p>	
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	<p><b>Follow-up:</b> Per Mid-State C.F.'s Unit Chief, Policy #9.30, Progress Notes and the events related to suicide were reviewed with Mid-State clinical staff and full treatment team on 04/25/19, as a refresher.</p> <p><b>Issue:</b> A Comprehensive Suicide Risk Assessment was created on 9/9/2013 and updated on 9/8/2015, 8/4/2016, and 8/27/2018. Per Policy #9.16 Comprehensive Suicide Risk Assessment Form as it pertains to time frames, a CSRA should be completed as clinically indicated. More specifically, a CSRA update should be completed when a significant change occurs relevant to suicide risk. Mr. King's mother passed away in May of 2018 and he began using Suboxone around that time. Both of these events should have been identified as significant risk factors for suicide and the CSRA should have been updated in May of 2018; however, the CSRA was not updated until 8/27/2018. While the 8/27/2018 CSRA has "substance abuse/dependence history" checked on the front of the form, Mr. King's recent return to Suboxone use was not mentioned in the narrative description. Additionally, the narrative section of the 8/27/2018 CSRA did not address the fact that Mr. King's protective factors changed after the loss of his mother and his strained relationship with his wife, both of which were mentioned in the 8/27/2018 primary therapist progress note. Although the 8/27/2018 CSRA does mention Mr. King's mother passed, it incorrectly notes that she passed in June 2018, rather than May 2018.</p> <p><b>Recommendation:</b> Mid-State CF Unit Chief will review Policy #9.16 Comprehensive Suicide Risk Assessment Form with staff involved</p> <p><b>Follow-up:</b> Per Mid-State C.F.'s Unit Chief, Policy #9.16, Comprehensive Suicide Risk Assessment Form, was reviewed with all staff on 04/25/19.</p>	
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